



APPLICATION FORM FOR EDUCATORS (2)

Travel Dates: July 31 – August 21, 2014

***All materials submitted on Friday March 21, 2014
via email at papculture@state.gov***

BIOGRAPHICAL INFORMATION

Legal Name _____

*Last (Family) Name First Name Middle Name (Enter name **exactly** as it appears on official documents.)*

Sex (Check one) Male ☐ Female ☐

Date of Birth ____/____/____

Marital Status: _____ Single ☐ Married ☐ Separated ☐ Divorce ☐ Widowed ☐

City and Country of Birth _____

Country of Citizenship or permanent legal residence _____

Do you have a valid passport? Yes ☐ No ☐ If yes, Issuing Country _____

Passport Number _____ Expiration Date _____

Permanent Home Address _____

Number & Street Apt. Number

City, Province/Territory Postal Code

Home Telephone _____ Cell _____

Preferred Telephone (Check One) Home ☐ Cell ☐

Email _____

Current mailing address for program correspondence, if different from above. From _____ To _____
Date

Number & Street



YOUTH AMBASSADORS PROGRAM WITH HAITI 2014
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City, Province or Territory Postal Code

First Language _____ Additional Language Proficiency: _____

You need to be fluent in English to be a mentor to this program.

Language

Languages (Write name of language and check all that apply)	Write	Speak	Read

Education:

Highest degree/diploma earned _____

Specialization _____

School Name _____ Date Completed _____

Employer Name _____

Employment

Job Title _____ How long at this job _____

Employer Address _____

Employer Telephone Number _____

Supervisor Name and Title _____

Do you have access to high speed internet? Yes ___ No ___ If yes, describe where and how frequently you use the internet.

Do you use social networking sites? Yes ___ No ___ If yes, which one(s) _____

Experience working with youth Yes _____ No. _____

PLEASE ATTACH YOUR RESUME OR C.V. FOR CONSIDERATION WITH THIS APPLICATION. REVIEW THE QUESTIONS BELOW. IF ANSWERS TO THESE QUESTIONS ARE NOT ADDRESSED ON YOUR RESUME OR C.V, THEN PLEASE ATTACH AN ADDITIONAL ONE PAGE THAT PROVIDES ANSWERS TO THE FOLLOWING QUESTIONS CONCERNING YOUR BACKGROUND AND EXPERIENCE.

1. What are your specific job responsibilities? If a teacher, what subjects do you teach?
2. Describe activities (extracurricular, community, hobbies, clubs, work, etc.) in which you participate, and how long you have been involved with each.
3. Describe any honors or special recognition you have received, for what and when.
4. What kinds of programs, events, or activities have you participated in that serve to involve youth in your community? What did you do specifically?

SHORT ESSAY QUESTIONS: PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING MANDATORY QUESTIONS ON



YOUTH AMBASSADORS PROGRAM WITH HAITI 2014
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SEPARATE PAGES AND ATTACH TO YOUR APPLICATION. EACH ANSWER SHOULD BE NO MORE THAN A HALF PAGE IN LENGTH, TO TOTAL NO MORE THAN TWO PAGES FOR ALL ANSWERS TO THE SHORT ESSAY QUESTIONS.

- A. What motivates you to apply for this program?
- B. What do you find to be the most challenging aspect(s) in working with youth, and how have you dealt with overcoming such challenge(s)?
- C. What leadership characteristics do you possess that will help to mentor youth selected for this program?
- D. Discuss your commitment to continuing work related to youth leadership in your country and your ideas for how your participation in this program will benefit your community.
- E. Is there anything else you would like to share about yourself?

REFERENCES: Two MANADATORY REFERENCE LETTERS ARE REQUIRED FOR EACH APPLICANT.

GENERAL INFORMATION

Dietary restrictions or preferences, if any _____

(For example, vegetarian, no pork, kosher, halal, no shellfish, etc.)

List allergies, if any _____

(For example, allergic to pollen, shellfish, peanuts, cats, dust, etc.)

Do you have any physical limitations or medical conditions we should be aware of? Yes ____ No ____

If yes, describe:

(For example, hard of hearing)

Religious preference, if any _____

:

If your host family attends religious services, they will invite you to join them. This is a good cultural exchange opportunity. Are you interested in doing this if the opportunity arises? Yes ____ No ____

SIGNATURE OF APPLICANT

With the submission of this application, I certify that all information provided is true.

Date _____

Applicant Signature _____

Day/Month/Year